

Effective on 12/08/2004.

Patent Fee Schedule under the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL****For FY 2005**

APR 16 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 630.00)

**Complete if Known**

Application Number	09/322,289
Filing Date	May 28, 1999
First Named Inventor	Dale B. Schenk
Examiner Name	Daniel E. Kolker
Art Unit	1649
Attorney Docket No.	15270J-004740US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 19-4880 Deposit Account Name: Sughrue Mion, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility							
Design							
Plant							
Reissue							
Provisional							

**2. EXCESS CLAIM FEES****Fee Description**

Small Entity	
Fee (\$)	Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 or HP = _____	x _____	= _____				

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Other: 1252 1.17(a)(2) Petition for Extension of Time (2 months)

Fees Paid (\$)

\$450.00

1806 1.17(p) Submission of an Information Disclosure Statement

\$180.00

**SUBMITTED BY**

Signature

Rosemarie L. Celli

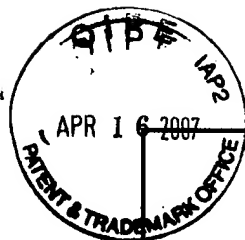
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(Attorney/Agent)

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Name (Print/Type)

Rosemarie L. Celli

Date April 16, 2007



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/322,289
		Filing Date	May 28, 1999
		First Named Inventor	Schenk, Dale B.
		Art Unit	1649
		Examiner Name	Kolker, Daniel E.
Total Number of Pages in This Submission	41	Attorney Docket Number	15270J-004740US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg, submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (15 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (8 pgs) with PTO/SB/08A Form (4 pgs) and PTO/SB/08B Form (9 pgs) and *copies of cite nos. 648-655, 662-666, 676-678, 681-682, 687-690, 694-701, 727-729, 731-739, 741-746, 749-757, 759, 765-769, 772-775, 786-794, 796-803, 806-818, 824, 826-848, 850-854, 856-859, and 861-865 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings Sheets <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <b>Appeal Notice, Brief, Reply Brief</b> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> 1. Return Receipt Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 19-4880.
*Not included in "Total Number of Pages in this Submission"		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Rosemarie L. Celli Reg. No. 42,397
Signature	
Date	April 16, 2007

CERTIFICATE OF MAILING	
I hereby certify that this correspondence and the documents referred to as attached therein are being deposited on April 16, 2007 with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing label No. EV 843 555 401 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Typed or printed name	Erika Chiba
Signature	
Date	April 16, 2007